

Facility Name & ID Number Alden Park Strathmoor

0044909 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	189	Skilled (SNF)	189	68,985	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	189	TOTALS	189	68,985	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	18,024	1,512	3,518	23,054	8
9	SNF/PED					9
10	ICF	30,490	1,237	0	31,727	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,514	2,749	3,518	54,781	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.41%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES

☐

NO

☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES

☐

NO

☒

I. On what date did you start providing long term care at this location?

Date started 08/01/00

J. Was the facility purchased or leased after January 1, 1978?

YES

☒

Date 08/01/00

NO

☐

K. Was the facility certified for Medicare during the reporting year?

YES

☒

NO

☐

If YES, enter number

of beds certified

189

and days of care provided

3,435

Medicare Intermediary Administar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL

☒

MODIFIED

CASH*

☐

CASH*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	276,287	30,816	9,600	316,703	778	317,481	(5,126)	312,355			1
2	Food Purchase		342,488		342,488	(22,234)	320,254	(15,602)	304,652			2
3	Housekeeping	207,557	30,709		238,266	436	238,702		238,702			3
4	Laundry	76,840	27,993		104,833	242	105,075		105,075			4
5	Heat and Other Utilities			187,593	187,593		187,593	(3,835)	183,758			5
6	Maintenance	40,089		105,570	145,659	58	145,717	9,013	154,730			6
7	Other (specify):* Donations/Related Party Salary							47,085	47,085			7
8	TOTAL General Services	600,773	432,006	302,763	1,335,542	(20,720)	1,314,822	31,535	1,346,357			8
	B. Health Care and Programs											
9	Medical Director			36,800	36,800		36,800		36,800			9
10	Nursing and Medical Records	2,546,300	183,747	176,112	2,906,159	(51,206)	2,854,953	2,349	2,857,302			10
10a	Therapy	134,672			134,672		134,672		134,672			10a
11	Activities	90,257	1,059	6,112	97,428	112	97,540		97,540			11
12	Social Services	40,909			40,909		40,909		40,909			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							27,712	27,712			15
16	TOTAL Health Care and Programs	2,812,138	184,806	219,024	3,215,968	(51,094)	3,164,874	30,061	3,194,935			16
	C. General Administration											
17	Administrative	60,554		46,264	106,818		106,818		106,818			17
18	Directors Fees											18
19	Professional Services			407,180	407,180		407,180	(315,289)	91,891			19
20	Dues, Fees, Subscriptions & Promotions			29,507	29,507	(4,135)	25,372	(13,959)	11,413			20
21	Clerical & General Office Expenses	96,100	16,485	40,521	153,106	4,351	157,457	39,184	196,641			21
22	Employee Benefits & Payroll Taxes			642,904	642,904	16,817	659,721		659,721			22
23	Inservice Training & Education					9,836	9,836		9,836			23
24	Travel and Seminar			16,493	16,493		16,493	12,839	29,332			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			208,873	208,873		208,873	6,573	215,446			26
27	Other (specify):* Bad Debt/Related Party Salary			164,237	164,237		164,237	248,367	412,604			27
28	TOTAL General Administration	156,654	16,485	1,555,979	1,729,118	26,869	1,755,987	(22,285)	1,733,702			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,569,565	633,297	2,077,766	6,280,628	(44,945)	6,235,683	39,311	6,274,994			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number Alden Park Strathmoor #0044909 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			43,555	43,555		43,555	188,734	232,289			30
31	Amortization of Pre-Op. & Org.							1,531	1,531			31
32	Interest			75,397	75,397		75,397	291,190	366,587			32
33	Real Estate Taxes							120,260	120,260			33
34	Rent-Facility & Grounds			421,051	421,051		421,051	(421,051)				34
35	Rent-Equipment & Vehicles			14,605	14,605		14,605	27,035	41,640			35
36	Other (specify):*											36
37	TOTAL Ownership			554,608	554,608		554,608	207,699	762,307			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	292,836	449,673	592,108	1,334,617	44,945	1,379,562	(313,740)	1,065,822			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,478	103,478		103,478		103,478			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	292,836	449,673	695,586	1,438,095	44,945	1,483,040	(313,740)	1,169,300			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,862,401	1,082,970	3,327,960	8,273,331		8,273,331	(66,730)	8,206,601			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Alden Nursing Center - Park Strathmoor

Reporting Period Beginning

Reporting Period Ending

1/1/05

12/31/05

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(22,234)	Employee Meal
	22	22,234	Employee Meal
22		(5,417)	Uniforms
	1	778	Uniforms
	3	436	Uniforms
	4	242	Uniforms
	6	58	Uniforms
	10	3,575	Uniforms
	11	112	Uniforms
	21	216	Uniforms
			Uniforms
10		(44,945)	Oxygen
	39	44,945	Oxygen
10		(9,836)	Dart Chart Consulting
	23	9,836	Dart Chart Consulting
20		(3,589)	ECIN & eHealth Data reclass
	21	3,589	ECIN & eHealth Data reclass
20		(546)	Resident Background Checks
	21	546	Resident Background Checks
<hr/>			
0			Net should be 0

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(8)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,059)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(919)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(8,506)	21		17
18	Fines and Penalties	(8,970)	32		18
19	Entertainment	(26)	20		19
20	Contributions	(1,894)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(164,237)	27		24
25	Fund Raising, Advertising and Promotional	(4,473)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (193,092)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	162,950	Various	34
35	Other- Attach Schedule	(36,588)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 126,362		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (66,730)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

STATE OF ILLINOIS

Page 5A

Alden Park Strathmoor

ID#0044909

Report Period Beginning:01/01/05

Ending:12/31/05

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Late fees on utilities	\$ (6,683)	5	1
2	late fees on telephone	(60)	21	2
3	Intercompany interest to AMS	(11,917)	32	3
4	Misc. income-general	(104)	21	4
5	Misc. income-jury duty	(40)	21	5
6	Misc. income-vending machine	(392)	2	6
7	Misc. income-food rebate	(463)	2	7
8	Misc. income-wage service fee	(336)	21	8
9	Misc. income-donations	(300)	7	9
10	Back out pac 32.97% of IHCA dues	(3,440)	20	10
11	Back out LLC bank fees	(436)	19	11
12	Intercompany interest to Rockford Investments	(8,000)	32	12
13	Adj depreciation	(537)	30	13
14	correct ap posting	150	10	14
15	correct ap posting	(150)	24	15
16	Back out wine tasting event	(2,750)	24	16
17	Eliminate Chamber of Commerce dues	(1,030)	20	17
18	Reclass IL Assoc of Healthcare-union negotiations	(3,667)	20	18
19	Reclass IL Assoc of Healthcare-union negotiations	3,667	19	19
20	Eliminate PAC dinner dues	(100)	24	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(36,588)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/05 Ending: 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(1,782)	0	0	(13,820)	0	0	0	0	0	0	0	(15,602)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(6,683)	0	2,848	0	0	0	0	0	0	0	0	(3,835)	5
6	Maintenance	0	0	8,480	0	0	0	533	0	0	0	0	9,013	6
7	Other (specify):*	(300)	0	42,691	4,694	0	0	0	0	0	0	0	47,085	7
8	TOTAL General Services	(8,765)	0	54,019	(14,252)	0	0	533	0	0	0	0	31,535	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	150	0	0	3,834	(1,635)	0	0	0	0	0	0	2,349	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	27,712	0	0	0	0	0	0	0	0	27,712	15
16	TOTAL Health Care and Programs	150	0	27,712	3,834	(1,635)	0	0	0	0	0	0	30,061	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	3,231	436	(318,956)	0	0	0	0	0	0	0	0	(315,289)	19
20	Fees, Subscriptions & Promotions	(14,530)	0	571	0	0	0	0	0	0	0	0	(13,959)	20
21	Clerical & General Office Expenses	(9,046)	0	29,918	13,741	4,571	0	0	0	0	0	0	39,184	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(3,000)	0	15,839	0	0	0	0	0	0	0	0	12,839	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	6,335	238	0	0	0	0	0	0	0	0	6,573	26
27	Other (specify):*	(164,237)	0	387,538	20,334	4,732	0	0	0	0	0	0	248,367	27
28	TOTAL General Administration	(187,582)	6,771	115,148	34,075	9,303	0	0	0	0	0	0	(22,285)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(196,197)	6,771	196,879	23,657	7,668	0	533	0	0	0	0	39,311	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(537)	179,375	8,035	0	1,861	0	0	0	0	0	0	188,734	30
31	Amortization of Pre-Op. & Org.	0	0	1,531	0	0	0	0	0	0	0	0	1,531	31
32	Interest	(32,946)	254,365	66,816	0	859	2,096	0	0	0	0	0	291,190	32
33	Real Estate Taxes	0	113,695	6,229	0	336	0	0	0	0	0	0	120,260	33
34	Rent-Facility & Grounds	0	(421,051)	0	0	0	0	0	0	0	0	0	(421,051)	34
35	Rent-Equipment & Vehicles	0	0	27,035	0	0	0	0	0	0	0	0	27,035	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(33,483)	126,384	109,646	0	3,056	2,096	0	0	0	0	0	207,699	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(146,174)	(18,663)	(148,903)	0	0	0	0	0	(313,740)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(146,174)	(18,663)	(148,903)	0	0	0	0	0	(313,740)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(229,680)	133,155	306,525	(122,517)	(7,939)	(146,807)	533	0	0	0	0	(66,730)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See pg. 6L						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 421,051	Park Strathmoor, LLC	0.00%	\$	\$ (421,051)	1
2	V	32	Interest Exp to Rockford, LLC		Park Strathmoor, LLC		8,000	8,000	2
3	V	32	Interest Exp to AMS		Park Strathmoor, LLC				3
4	V	19	Misc. Admin Expense		Park Strathmoor, LLC		436	436	4
5	V	33	Real Estate Tax		Park Strathmoor, LLC		113,695	113,695	5
6	V	26	Property & Liability Insur		Park Strathmoor, LLC		6,335	6,335	6
7	V	32	Interest On Mortg. Note		Park Strathmoor, LLC		246,365	246,365	7
8	V	30	Depreciation		Park Strathmoor, LLC		179,375	179,375	8
9	V	21	Vendor Settlements		Park Strathmoor, LLC				9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 421,051			\$ 554,206	\$ * 133,155	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional fees	\$ 334,728	Alden Management Services	0.00%	\$ 15,772	\$ (318,956)	15
16	V	21	Clerical and G & A		Alden Management Services		29,918	29,918	16
17	V	5	Utilities		Alden Management Services		2,848	2,848	17
18	V	6	Maintenance		Alden Management Services		8,480	8,480	18
19	V	24	Travel & seminar		Alden Management Services		15,839	15,839	19
20	V	26	Insurance		Alden Management Services		238	238	20
21	V	20	Dues/subscriptions/fees etc		Alden Management Services		571	571	21
22	V	30	Depreciation		Alden Management Services		8,035	8,035	22
23	V	31	Amortization		Alden Management Services		1,531	1,531	23
24	V	33	Real estate taxes		Alden Management Services		6,229	6,229	24
25	V								25
26	V	35	Rent-equipment/vehicles		Alden Management Services		27,035	27,035	26
27	V	32	Interest		Alden Management Services		66,816	66,816	27
28	V	7	Salaries-general serv		Alden Management Services		42,691	42,691	28
29	V	15	Salaries-health care		Alden Management Services		27,712	27,712	29
30	V	27	Salaries-general admin		Alden Management Services		387,538	387,538	30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 334,728			\$ 641,253	\$ * 306,525	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Con.	\$ 9,600	Prism Health Care	0.00%	\$ 4,474	\$ (5,126)	15
16	V	7	Dietary Salary		Prism Health Care		4,694	4,694	16
17	V	2	Tube Feeding	65,241	Prism Health Care		51,421	(13,820)	17
18	V	10	Equipment Rental	3,060	Prism Health Care		6,894	3,834	18
19	V	39	Supplies	251,420	Prism Health Care		74,904	(176,516)	19
20	V	39	Vent Rent		Prism Health Care		30,342	30,342	20
21	V	27	G&A Salary		Prism Health Care		20,334	20,334	21
22	V	21	G&A		Prism Health Care		13,741	13,741	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 329,321			\$ 206,804	\$ * (122,517)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 82,167	Forum Extended Care II	0.00%	\$ 116,942	\$ 34,775	15
16	V	39	IV	59,780	Forum Extended Care II		8,732	(51,048)	16
17	V	39	Wound Vac	11,008	Forum Extended Care II		8,618	(2,390)	17
18	V	10	House Stock	9,315	Forum Extended Care II		8,262	(1,053)	18
19	V	10	Consultant	4,536	Forum Extended Care II		3,954	(582)	19
20	V	27	Employ. Vaccination	2,244	Forum Extended Care II		1,757	(487)	20
21	V	27	G & A Salaries		Forum Extended Care II		5,219	5,219	21
22	V	21	Gen'l & Admin.		Forum Extended Care II		4,571	4,571	22
23	V	32	Interest		Forum Extended Care II		859	859	23
24	V	33	Real Estate Tax		Forum Extended Care II		336	336	24
25	V	30	Depreciation		Forum Extended Care II		1,861	1,861	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 169,050			\$ 161,111	\$ * (7,939)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 584,473	Community Physical Therapy	0.00%	\$ 435,570	\$ (148,903)	15
16	V	32	Interest		Community Physical Therapy		2,096	2,096	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 584,473			\$ 437,666	\$ * (146,807)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Maintenance Expense	\$ 22,680	Alden Bennett Construction	0.00%	\$ 23,213	\$ 533	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 22,680			\$ 23,213	\$ * 533	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

ALDEN NURSING CENTER - PARK STRATMOOR

42010

Report Period Beginning 01/01/05

Ending: 12/31/05

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Waterford	Aurora
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governor's Park of Barrington	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Prism Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - PARK STRATHMOOR # 32730 Report Period Beginning 01/01/05 Ending: 12/31/05

Nursing Home Owners	
Name	% Ownership
Note: ANC = Alden Nursing Center	
Alden Rockford Investments, LLC	100%

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	CEO	100.00	132,816	1.916	4.79	Salary	\$ 6,684	27-7	1
2											2
3											3
4	Lauren Magnusson b.	Nurse corrdinator	Nursing admin		72,125	1.916	4.79	Salary	3,629	15-7	4
5	Terry Magnusson c.	Maint. Supervisor	Constr/maint		49,033	1.916	4.79	Salary	2,467	7-7	5
6											6
7											7
8											8
9	a. Floyd is the President and sole stockholder of The Alden Group, Ltd.										9
10	b. Lauren is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator										10
11	c. Terry is the son-in-law of Floydd Schlossberg. Terry is in maintenance and construction.										11
12											12
13								TOTAL	\$ 12,780		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE												
A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)												
	1	2		3	4	5	6		7	8	9	10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Bank Leumi		X	Line of Credit	Interest Only	01/04	\$ 750,000	\$ 750,000	Varies	8.2500	\$ 54,510	1
2	Bank Leumi		X	Mortgage	\$23,870.00	10/04	3,400,000	3,332,094	02/06	8.2500	246,365	2
3												3
4												4
5												5
	Working Capital											
6	CPT-Intercompany Interest	X		Working Capital							2,096	6
7	FECII-Intercompany Interest	X		Working Capital							859	7
8	AMS-Intercompany Interest	X		Working Capital							66,816	8
9	TOTAL Facility Related				\$23,870.00		\$ 4,150,000	\$ 4,082,094			\$ 370,646	9
	B. Non-Facility Related*											
10	Int Inc on Repl Reserve		X								(4,059)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (4,059)	14
15	TOTALS (line 9+line14)						\$ 4,150,000	\$ 4,082,094			\$ 366,587	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. </div>		\$	103,300	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	106,895	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3,595	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	110,100	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.				\$		6
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	113,695	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2000	97,015	8
	2001	99,433	9
	2002	101,008	10
	2003	100,256	11
	2004	106,895	12

Accrual based on 3% increase over prior year bill.

FOR OHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2004 \$
14	PLUS APPEAL COST FROM LINE 5 \$
15	LESS REFUND FROM LINE 6 \$
16	AMOUNT TO USE FOR RATE CALCULATION \$

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044909

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>12-21-452-007</u>	<u>Nursing home facility</u>	\$ <u>106,894.50</u>	\$ <u>106,894.50</u>
2. <u>See Attached (Pgs 1-11)</u>	<u>Related Party - Alden Management</u>	\$ <u>130,007.00</u>	\$ <u>6,229.00</u>
3. <u>See Attached (Pgs 1-11)</u>	<u>Related Party - Forum</u>	\$ <u>15,792.00</u>	\$ <u>336.00</u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u>252,693.50</u>	\$ <u>113,459.50</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 49,906 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (X) (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (X) (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES (X) NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home			\$ 569,205	1
2					2
3	TOTALS			\$ 569,205	3

XI. OWNERSHIP COSTS (continued)											
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	189		2000		\$ 3,604,967	\$ 114,443	31.5	\$ 114,443	\$	\$ 619,901	4
5											5
6											6
7											7
8	Related Party - Forum			1978	14,541		25			14,541	8
	Improvement Type**										
9	Alden Design-laundry room remodeling			2000	3,922	392	10	392		2,092	9
10	Alden Design-laundry room remodeling			2000	2,098	210	10	210		1,119	10
11	Alden Design-laundry room remodeling			2000	4,533	453	10	453		2,381	11
12	ABC - misc const. Work			2000	1,561	260	5	260		1,561	12
13	Pro Com Systems - add new keypass to alarm system			2000	1,754	322	5	322		1,754	13
14	ABC - misc const. Work			2001	10,528	526	20	526		2,193	14
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		8,094	15
16	Rockford stem B			2001	5,035	336	15	336		1,567	16
17	FE Moran - Repair and Upgrade fire alarm system			2002	7,645	510	15	510		1,869	17
18	Patten - Repair Water System			2002	2,245	150	15	150		574	18
19	Capps - Repair water sys in Kitchen			2002	2,845	190	15	190		616	19
20	ABC - Repair Water heater			2002	7,113	474	15	474		1,778	20
21	ABC -			2002	4,256	284	15	284		875	21
22	ABC (misc construction work)			2002	4,233	423	10	423		1,305	22
23	ABC - Carpet			2002	1,078	108	10	108		404	23
24	ABC - Chimney			2002	758	38	20	38		123	24
25	ABC - Chimney 2			2002	3,032	152	20	152		493	25
26	GT Mech - Repair Cooler			2003	4,586	917	5	917		2,293	26
27	CSI Coker - Repair Freezer			2003	1,645	329	5	329		822	27
28	GT Mech - Repair AC			2003	1,648	165	10	165		412	28
29	GT Mech - Repair Refrigerator			2003	1,860	372	5	372		899	29
30	Simplex - Fire & Security System Repair			2003	1,986	132	15	132		309	30
31	Simplex - Fire & Security System Repair			2003	896	60	15	60		149	31
32	ABC - Repairs to Dining room			2003	5,177	518	10	518		1,122	32
33	ABC - Repair Boiler			2003	4,311	431	10	431		898	33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	GT Mechanical-a/c repair	2004	\$ 2,996	\$ 300	10	\$ 300	\$	\$ 449	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		416	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		282	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		264	40
41	ABC-electronic locks	2005	762	64	5	64		64	41
42	ABC-new flooring	2005	1,666	69	10	69		69	42
43	ABC-lock sets	2005	5,538	46	10	46		46	43
44	ABC-lock sets	2005	1,246	10	10	10		10	44
45	ABC-lock sets	2005	1,888	31	10	31		31	45
46	ABC-parking lot repairs	2005	9,095	834	10	834		834	46
47	ABC-door install and wireless alarm	2005	4,652	426	10	426		426	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		680	48
49	A&B Custom Cable-wiring and install	2005	3,250	244	10	244		244	49
50	Top Notch-repair freezer door	2005	2,435	162	10	162		162	50
51	CSI-freezer repair	2005	1,553	78	10	78		78	51
52	GT Mechanical-freezer repairs	2005	2,825	118	10	118		118	52
53	GT Mech-kitchen repairs	2005	2,364	138	10	138		138	53
54	Patten-generator repairs	2005	3,560	237	10	237		237	54
55	ABC-faucet replacements	2005	2,518	63	10	63		63	55
56	Top Notch-repair freezer	2005	7,186	240	10	240		240	56
57	ABC-drywall	2005	655	22	10	22		22	57
58	Patten-generator repairs	2005	1,856	77	10	77		77	58
59	Patten-generator repairs	2005	3,429	143	10	143		143	59
60	Insurance check received for A/C replacement	2005	(6,221)	(415)	5	(415)		(415)	60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,810,709	\$ 128,460		\$ 128,460	\$	\$ 674,822	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$3,810,709	\$128,460		\$128,460	\$	\$674,822	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	8
9	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		64	11
12	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,801	329	7	329		465	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	28
29	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	33
34	TOTAL (lines 1 thru 33)		\$3,891,945	\$131,067		\$131,067	\$	\$734,962	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$197,136	\$26,320	\$26,320	\$	Various	\$61,796	71
72	Current Year Purchases	89,179	8,602	8,602		Various	8,602	72
73	Fully Depreciated Assets	621,709	66,189	66,189		Various	621,709	73
74								74
75	TOTALS	\$908,024	\$101,111	\$101,111	\$		\$692,107	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party - AMS	Various Bus / Autos	98-04	\$4,706	\$111	\$111	\$	3	\$4,638	76
77										77
78										78
79										79
80	TOTALS			\$4,706	\$111	\$111	\$		\$4,638	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$5,373,880	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$232,289	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$232,289	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,431,707	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES

NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ Related party, cost is eliminated			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease

9. Option to Buy:

YES

NO

Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES

NO
16. Rental Amount for movable equipment: \$ 14,605Description: copy machine \$1148 postage meter \$824

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party - AMS		\$ #####	\$ 27,035	17
18					18
19					19
20					20
21	TOTAL		\$ #####	\$ 27,035	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$
13.	/2007	\$
14.	/2008	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

COMMUNITY COLLEGE☐

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

HOURS PER CNA

Skilled Nurses on Site

B. EXPENSES

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost						
					Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 59,353	\$		\$ 59,353	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			35,058			35,058	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			192,777			192,777	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16 A	# of prescrpts				116,943		116,943	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	See Pg 16 A		292,836		25,093	45,298		363,227	12
13	Other (specify): Vent Dependant	See Pg 16 A				148,066	150,398		298,464	13
14	TOTAL			\$ 292,836		\$ 460,347	\$ 312,639		\$ 1,065,822	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

				Page 16
				Col 5: PT,OT, & ST
XIV. Special Services (Direct Cost)				Col 6: Supplies
Service Description				Col. 1: Ref. No.
				To Pg 16: Col. No.
1. OT	39-3	To Col 5	59,353	
2. ST	39-3	To Col 5	35,058	
3.				
4. PT	39-3	To Col 5	192,777	
5.				
6.				
7.				
8.				
Pharmacy Supplies per GL			82,167	
Manual Input from Related Party- Forum Drugs			34,776	
			- - - - -	
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	116,943	
			- - - - -	
10.				
11.				
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	292,836	
12. Exceptional Care-Salaries:	See pg 16A	To Col. 5	25,093	
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	45,298	
			- - - - -	
Total Exceptional Care (Line 12, Col 8)			363,227	
			- - - - -	
13. Other:	See Pg 16A			
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(148,903)	
CPT Reclass to Col 5 for RT			296,969	
			148,066	
Other			627,128	
Manual Input: Related Party - Prism			(146,174)	
Manual Input: Related Party FECII - I.V.			(51,047)	
Manual Input: Related Party FECII - Wound Vac			(2,390)	
Oxygen, from reclass worksheet			44,943	
RC CPT RT Allocation			(25,093)	
CPT Reclass to Col 5 for RT			(296,969)	
			- - - - -	
13. Col 6: Supplies Total		To Col 6	150,398	
			- - - - -	
13. Total Line 13, Column 8			298,464	
			- - - - -	
14. Total			1,065,822	
			=====	

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 119,011	\$ 122,116	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (135,000))	1,254,502	1,254,502	3
4	Supply Inventory (priced at)	1,112	1,112	4
5	Short-Term Investments			5
6	Prepaid Insurance		5,394	6
7	Other Prepaid Expenses	4,386	4,386	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	74,876	74,876	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,453,887	\$ 1,462,386	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,604,967	14
15	Leasehold Improvements, at Historical Cost	202,581	202,581	15
16	Equipment, at Historical Cost	291,672	848,228	16
17	Accumulated Depreciation (book methods)	(123,725)	(1,300,183)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		113,981	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(1,568)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 370,528	\$ 4,037,211	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,824,415	\$ 5,499,597	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 557,392	\$ 596,430	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	206,454	206,454	28
29	Short-Term Notes Payable	750,000	750,000	29
30	Accrued Salaries Payable	323,962	323,962	30
31	Accrued Taxes Payable (excluding real estate taxes)	65,425	65,425	31
32	Accrued Real Estate Taxes(Sch.IX-B)		110,100	32
33	Accrued Interest Payable		22,500	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other Accrd Exps/due to IDPA	107,144	181,132	36
37	Due to related parties	6,110,724	7,227,572	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,121,101	\$ 9,483,575	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		3,332,094	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 3,332,094	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,121,101	\$ 12,815,669	46
47	TOTAL EQUITY (page 18, line 24)	\$ (6,296,686)	\$ (7,316,072)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,824,415	\$ 5,499,597	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,847,527)	1
2	Restatements (describe):		2
3	External audit adj made after 2004 cost	8,906	3
4	report was submitted. No effect on prior years report:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,838,621)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,458,065)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,458,065)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,296,686)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 6,339,648	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,339,648	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	231,765	6
7	Oxygen	159,193	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 390,958	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	679	13
14	Non-Patient Meals	8	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	10,845	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(13,902)	19
20	Radiology and X-Ray		20
21	Other Medical Services	63,754	21
22	Laundry	217	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 61,601	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4,059	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,059	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Page 19 A	19,000	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,000	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,815,266	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,335,542	31
32	Health Care	3,215,968	32
33	General Administration	1,729,118	33
	B. Capital Expense		
34	Ownership	554,608	34
	C. Ancillary Expense		
35	Special Cost Centers	1,334,617	35
36	Provider Participation Fee	103,478	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,273,331	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,458,065)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,458,065)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Yet Done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Column 1
Amount

Must be submitted if there is a balance on Line 28. You need only report the info that has a balance.

Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	1,635.58	
General		104.00
Jury Duty		40.00
Vending Machine		392.12
Food Rebate		463.36
Wage Services Fee		336.00
Donations		300.00
		<u>1,635.48</u>
Adjust prior year expenses (related to prior yr, not offset on Schdl V)	17,364.25	

Total of line 28	18,999.83	
	=====	

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing		136	\$ 4,412	\$ 32.44	1
2	Assistant Director of Nursing	2,007	2,047	69,246	33.83	2
3	Registered Nurses	20,761	21,205	633,040	29.85	3
4	Licensed Practical Nurses	35,280	36,168	824,305	22.79	4
5	CNAs & Orderlies	94,197	99,474	1,189,947	11.96	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,876	5,124	81,245	15.86	8
9	Activity Director	2,064	2,064	28,458	13.79	9
10	Activity Assistants	9,017	9,328	108,378	11.62	10
11	Social Service Workers	2,250	2,434	40,909	16.81	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,104	32,333	15.37	13
14	Head Cook	280	320	4,160	13.00	14
15	Cook Helpers/Assistants	24,360	25,508	239,793	9.40	15
16	Dishwashers					16
17	Maintenance Workers	1,984	2,080	40,089	19.27	17
18	Housekeepers	21,345	22,446	207,557	9.25	18
19	Laundry	7,671	7,962	76,840	9.65	19
20	Administrator	1,680	1,680	60,553	36.04	20
21	Assistant Administrator					21
22	Other Administrative	3,785	3,847	57,140	14.85	22
23	Office Manager	2,008	2,064	23,609	11.44	23
24	Clerical	1,926	1,942	15,351	7.90	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,338	1,370	41,690	30.43	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Clinical Support Staff	1,522	1,574	53,430	33.95	32
33	Other(specify) Alzheimers Super/	2,116	2,222	29,916	13.46	33
34	TOTAL (lines 1 - 33)	242,531	253,099	\$ 3,862,401 *	\$ 15.26	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	36,800	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,536	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	44	2,593	11-3	44
45	Social Service Consultant	4	234	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	48	\$ 53,763		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES									
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Julie Logan	Administrator	0	\$ 60,554	Workers' Compensation Insurance	\$ 96,431	IDPH License Fee	\$		
				Unemployment Compensation Insurance	150,444	Advertising: Employee Recruitment			2,103
				FICA Taxes	293,083	Health Care Worker Background Check			
				Employee Health Insurance	14,460	(Indicate # of checks performed 74)			744
				Employee Meals	22,234	Surety Bond Fees, Dues & Subscriptions			610
				Illinois Municipal Retirement Fund (IMRF)*		IHCA dues, less pac fees			6,993
				Union Health & Welfare	49,008	Misc/magazine subscriptions			392
				Dental, Life, Relations, Misc	1,567				
				Drug Test & Employee Dishonesty	2,203	Related Party - AMS			571
				401k Match, Vaccinations, Other	2,556				
				Pension	27,735	Less: Public Relations Expense	(
				Related Party - AMS		Non-allowable advertising	(
						Yellow page advertising	(
TOTAL (agree to Schedule V, line 17, col. 1)						TOTAL (agree to Sch. V, line 20, col. 8)		\$	11,413
(List each licensed administrator separately.)			\$ 60,554						
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)			\$				Gas/Mileage		20
(Attach a copy of any management service agreement)							Lodging / Meals staff		12,048
C. Professional Services							Related Party - AMS		15,839
Vendor/Payee	Type		Amount				Seminar Expense		
AMS	Management Fees		\$ 334,936				IL Health Care Ass-seminar registration		745
BDO Seidman	Accounting Fees		2,834				Misc.		680
Neal Gerber/KPMG	Legal & Reporting Cons.		28,675						
Williams & McCarthy	Legal Fees		3,310				Entertainment Expense	(
Dana Cons.	401k services		666				(agree to Sch. V,		
Ken Fisch/Barry Greenburg/William	Legal Fees		3,313				line 24, col. 8)		
CIC	Tax Credit Services		1,711				TOTAL	\$	29,332
SMS	Billing Consultants		10,509						
Dementia Management/Pathway	Consulting Services		9,639						
Esquire Deposition Svcs	Legal Related		1,587						
Easter Holloway	Settlement		(500)						
Career Masters	Placement Service		10,500						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$			
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 407,180						

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Alden Design	10/00	\$ 1,669	3	\$ 556	\$ 418							
2	Rockford stemm B	5/01	1,735	3	578	578	193	0					
3	Alden Bennet Const	2/01	7,975	3	2,658	2,658	221	0					
4	No Additions '02-'05												
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 11,379		\$ 3,792	\$ 3,654	\$ 414						

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 01/01/05

Ending: 12/31/05

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Health Care Assoc \$10,433
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 23,771 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 103,478
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 22,234 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 463
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.